

(Please return with your bill payment.)

Project WaterFall Authorization Form

I hereby authorize the Wichita Water & Sewer Department to add \$ _____ to my monthly bill. This amount will be credited to a Trust fund administered by the Human Services Department, City of Wichita, and will be used to assist eligible customers with their water & sewer bills. This agreement will remain in effect until I notify the Water & Sewer Department of a change. State and local taxes will not be charged on the authorized amount and this amount may be eligible income tax deduction.

Name on your bill

Telephone

Service Address

Signature

Date